

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

DECLARATION AND POWER OF ATTORNEY

ATTORNEY'S DOCKET NO.
2796/2

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **METHOD OF DIETARY SUPPLEMENTATION**, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys:

Estelle J. Tsevdos (Reg. No. 31,145)
Maria Luisa Palmese (Reg. No. 34,402)

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

Maria Luisa Palmese
KENYON & KENYON
One Broadway
New York, New York 10004
(212) 425-7200 (phone)
(212) 425-5288 (facsimile)

express mail #
8V332523165 US

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME JACKSON	FIRST GIVEN NAME SHERRY	SECOND GIVEN NAME D.
RESIDENCE & CITIZENSHIP	CITY New York	STATE OR FOREIGN COUNTRY NY	COUNTRY OF CITIZENSHIP United States
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1095 Park Avenue Suite 2C	CITY New York	STATE & ZIP CODE/COUNTRY NY 10128

Signature

Sherry D. Jackson

Date

July 26, 1996

FULL NAME OF INVENTOR	FAMILY NAME BLUMBERG	FIRST GIVEN NAME JEFFREY	SECOND GIVEN NAME B.
RESIDENCE & CITIZENSHIP	CITY Newton	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP United States
POST OFFICE ADDRESS	POST OFFICE ADDRESS 117 Nonantum Street	CITY Newton	STATE & ZIP CODE/COUNTRY MA 02158 02111

Signature

Jeffrey B. Blumberg

Date

July 29, 1996